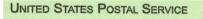
Co	DER: COMPLETE THIS SECTION complete items 1, 2, and 3. Also complete em 4 if Restricted Delivery is desired. int your name and address on the reverse	A Signature A Agent Agent Address
22	PU-15-181 Filed 07/20/2015 Pages: 2 Return receipt – 7014-1820-0001-3262-831 PU-15-175 Filed 07/20/2015 Pages: 2	delivery address different from item 1? Yes f YES, enter delivery address below:
	Return receipt – 7014-1820-0001-3262-83 David H Sederquist Senior Consultant, Regulation & Finance Xcel Energy	13
4.0	2302 Great Northern Drive Fargo, ND 58102 Cert. No. 7014 1820 0001 3262 8313	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchand ☐ Insured Mail ☐ Collect on Delivery
18	3 PU-15-174 Filed 07/20/2015 Pages: Return receipt – 7014-1820-0001-3262-8	Z
Article N Cert. No. 7014 1820 0001 3262 8313 - Pu - 15 - 181 \$		





First-Class Mail Postage & Fees Paid USPS Permit No. G-10

